



**SOUTH DAKOTA BOARD OF NURSING**  
**UNLICENSED ASSISTIVE PERSONNEL REGISTRY**  
4305 S Louise Ave Suite 201 ♦ Sioux Falls SD 57106  
(605) 362-2760 ♦ FAX: (605) 362-2768

**CERTIFIED NURSE AIDE (CNA) REGISTRY BY INTERSTATE ENDORSEMENT**

**READ ENTIRE APPLICATION. PRINT THIS APPLICATION, FILL OUT COMPLETELY, THEN MAIL TO THE  
REGISTRY IN THE STATE WHERE YOU WERE FIRST REGISTERED AS A CNA**

- A CNA shall apply for endorsement through the South Dakota Board of Nursing within 30 days of employment in this state.
- A facility may not employ a CNA for more than 60 days unless the aide provides proof that endorsement has been requested.
- The individual must be at least 16 years of age prior to employment as a CNA.
- This application is required to implement programs authorized by §1819(f) and §1991(f) of Public Law 100-03, the Omnibus Budget Reconciliation Act of 1987. Failure to provide information may result in denial to be placed on the South Dakota CNA Registry.
- A CNA seeking endorsement from another state shall submit to the South Dakota Registry the following with this completed application:
  - (1) Documentation of completion of a state approved nurse aide training and competency evaluation program
  - (2) Verification of the nurse aide's original listing on another state's aide registry
  - (3) Verification of listing on a nurse aide registry from the state of most recent employment
  - (4) Documentation of employment as a nurse aide for monetary compensation within the last 24 months

**APPLICANT: Complete, then sign and date this section only.**

FIRST NAME / MIDDLE NAME / LAST NAME:		OTHER NAMES (MAIDEN/FORMER):
SOCIAL SECURITY #	DATE OF BIRTH:	EMAIL:
ADDRESS:		TELEPHONE:
CITY / ST / ZIP:		CELL:
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	ETHNICITY: <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other	
CNA TRAINING AGENCY & LOCATION:		DATE TRAINING WAS COMPLETED:
CNA TESTING SERVICE & LOCATION:		
DATE OF WRITTEN EXAM: _____		DATE OF MANUAL SKILLS EXAM: _____

- *I have been employed as a CNA for monetary compensation at least 12 hours within the previous 24 months.*  
*Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_*
- *I affirm that I have no record of abuse, neglect, misappropriation, or any pending action in any state.*
- *I authorize the Nurse Aide Registry Agency of the State of \_\_\_\_\_, where I was first registered as a CNA, to furnish to the South Dakota Registry the information requested below.*

**SIGNATURE OF NURSE AIDE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**CNA APPLICANT: STOP here, and send this form to the state registry where you were initially certified.**

Contact information for state registries is available at <https://doh.sd.gov/boards/nursing/nurseaid.aspx>

**EXCEPTIONS: If Arizona, California, Colorado, Illinois, Michigan, New York, or North Carolina**  
**is your original state of CNA Registry, please send this form directly to the South Dakota CNA Registry.**



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**VERIFICATION – NURSE AIDE REGISTRY AGENCY REPRESENTATIVE – Please complete this lower section:**

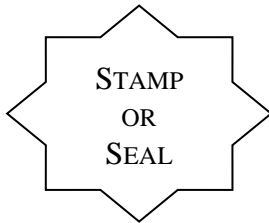
- ☐ The information on this form is accurate; this person is listed on the Nurse Aide Registry in our state.  
☐ The above-named person is not listed on the Nurse Aide Registry in our state.

CNA TRAINING AGENCY & LOCATION: \_\_\_\_\_

CNA TESTING SERVICE & LOCATION: \_\_\_\_\_

DATE OF WRITTEN EXAM: \_\_\_\_\_ DATE OF MANUAL SKILLS EXAM: \_\_\_\_\_

Is there a record of abuse, neglect, misappropriation, or pending action? ☐YES ☐NO If so, please give a brief summary:



SIGNATURE OF REGISTRY REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE: \_\_\_\_\_

**AGENCY REPRESENTATIVE: Please mail this completed form and any attachments to South Dakota CNA Registry, 4305 South Louise Ave Suite 201, Sioux Falls SD 57106**